

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000551 (3)

1. Corporation Name

CMS THERAPY SERVICES, INC.



Principal Place of Business

Mailing Address

600 WILSON LANE, BOX 715
MECHANICSBURG PA 17055

600 WILSON LANE, BOX 715
MECHANICSBURG PA 17055

2. Principal Place of Business

2a. Mailing Address

21 6001 Indian School Road

26 6001 Indian School Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Albuquerque, NM

28 Albuquerque, NM

24 Zip 87110 25 Country USA

29 Zip 87110 30 Country USA

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

07/21/1995

4. FEI Number

25-1683926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and this (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ORTENZIO, ROBERT A
STREET ADDRESS 600 WILSON LANE, BOX 715
CITY-STATE-ZIP MECHANICSBURG PA 17055

TITLE P
NAME GRABKO, MICHAEL J.
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

TITLE CEO
NAME COLLINS, JAMES C.
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

TITLE VPC
NAME DOUTHII, JAMES M.
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

TITLE V
NAME NATION, DAVID G.
STREET ADDRESS 600 WILSON LANE, BOX 715
CITY-STATE-ZIP MECHANICSBURG PA

TITLE V
NAME TARVIN, MICHAEL E
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA

1.1 TITLE Director
1.2 NAME Neal M. Elliott
1.3 STREET ADDRESS 6001 Indian School Road
1.4 CITY-STATE-ZIP Albuquerque, NM 87110

2.1 TITLE President
2.2 NAME Neal M. Elliott
2.3 STREET ADDRESS 6001 Indian School Road
2.4 CITY-STATE-ZIP Albuquerque, NM 87110

3.1 TITLE Treasurer
3.2 NAME Ernest A. Schofield
3.3 STREET ADDRESS 6001 Indian School Road
3.4 CITY-STATE-ZIP Albuquerque, NM 87110

4.1 TITLE Secretary
4.2 NAME Scot Sauder
4.3 STREET ADDRESS 6001 Indian School Road
4.4 CITY-STATE-ZIP Albuquerque, NM 87110

5.1 TITLE Vice President
5.2 NAME Albert W. Sousa
5.3 STREET ADDRESS 6001 Indian School Road
5.4 CITY-STATE-ZIP Albuquerque, NM 87110

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Tamm
Vice President

3/1/96
Date

(717) 790-8300
Daytime Phone #

CR2E034 (12/95)